

DEPARTMENT OF CORRECTIONS
VICTIM/WITNESS NOTIFICATION PROGRAM
REGISTRATION CARD

PLEASE PRINT—USE BALL POINT PEN **ALL INFORMATION LISTED ON THIS CARD IS CONFIDENTIAL AND WILL BE SAFEGUARDED**

NAME OF OFFENDER (Last, First, Middle)		DOC NUMBER (if known)
COUNTY OF CONVICTION	CAUSE NUMBER (if known)	
OFFENSE		SENTENCE DATE (if known)
NAME OF PROGRAM ENROLLEE (Your Name: Last, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		TELEPHONE NUMBER HOME
STREET OR MAILING ADDRESS		MESSAGE PHONE
CITY	STATE	ZIP
RELATIONSHIP (check one) Victim <input type="checkbox"/> Witness <input type="checkbox"/> Next of Kin to Victim <input type="checkbox"/> Parent of Minor Victim <input type="checkbox"/> Guardian of Minor Victim <input type="checkbox"/> Other <input type="checkbox"/>		YOUR SS#
<input type="checkbox"/> CHECK BOX ONLY IF NEW ADDRESS		DATE OF BIRTH / /

SIGNATURE

DATE

P127 POL

PLEASE PRINT NAME

DOC 390.300